CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor ☐ Disability **Coverage Amount:** _____

Annual Income: _____ **Occupation/Job duties:** _____ **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

AVIATION SPECIFIC QUESTIONS

How many total flying hours has the client logged?
How many of those flight hours were solo?

How many of those hours were in the last 12 months?

How many flight hours does the client anticipate in the next 12 months?

Please list all FAA recognized licenses currently held (Private, Commercial, CFI, MEI, Instrument, etc):

Does the client have any of the following ratings:
___ Instrument flight rating (IFR)
___ Visual Flight Rating (VFR)
___ Airline Transport Pilot (ATP)
___ Other: Specify:

Please provide approximate percentage of flying time performed for COMMERICAL reasons:
Is the airline considered a major US airline?

Please provide approximate percentage of flying time performed for PRIVATE reasons:

On what date did the client fly last?

List the types of aircraft (make, number and type of engines) the client is likely to fly and include number of total hours flown for each aircraft in the past 12 months and anticipated in the next 12 months:

If business use, specify type of business (e.g., commercial, charter, etc)?

Where does the client fly (include specific destinations if international flight)?

List any additional information which may impact the underwriting process including but not limited to accidents, history of violations, etc with dates and details:

Is the client an active instructor? If yes, provide number of hours flying as an instructor.

If military, provide mission and aircraft designations, specify if shore or carrier based, total hours flown in this capacity, hours in the last 12 months, and anticipated hours in the next 12 months.